

2014



****Choose Your Participating Park Location****

Biltmore Hills	#168174	919-831-6895
Carolina Pines	#168180	919-831-6435
Chavis	#168178	919-831-6898
Ralph Campbell	#168177	919-250-2757
Sanderford Rd	#168175	919-831-1898
Courtney Johnson	#168176	919-831-6719
Jaycee Park	#170349	919-996-6833
Green Rd	#170350	919-872-4140

TEAM FEES-ALL AGES

\$20.00

Payment must be made by Credit Card, Check, or Money Order payable to the City of Raleigh. — No refunds will be given after player placement.



Raleigh Parks & Recreation
P.O. BOX 590
Raleigh, NC 27602
Athletics 6539



2015

Youth & Teen

Raleigh Rockets

Track Team

Registration

December 2, 2014

(Last day March 15th if space is available)

Please register in person at any
City of Raleigh Community Center.

"Where Sportsmanship Redefines Competition"



City of Raleigh Parks and Recreation Youth & Teen Track Registration 2015

**** All returning players must register annually ****



The Youth Athletics Program provides to all youth ages 5-18 the opportunity to participate in quality organized athletics through leagues, special events, camps and clinics. We strive to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well-trained volunteers and staff.

Player's Name: _____ Sex: M or F Date of Birth: ____/____/____ (Child's age as of **December 31, 2015**)** A copy of Birth Certificate must be provided **

Parent/Guardian Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone : _____ Work Phone: _____

Primary Practice Location: _____

T-Shirt Size: YS YM YL YXL AS AM AL AXL

		Age Category			
		<u>Sub Bantam</u>	<u>Bantam</u>	<u>Midget</u>	<u>Youth</u>
		7-8	9-10	11-12	13-14

Non-Parent Emergency Contact: _____ Phone #: _____

List any Medical Problems or Special Needs: _____

Insurance Statement: All players must have insurance prior to participating in tryouts, practices or games. My child is insured by _____

The Raleigh Parks & Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. The sooner we know about your special situation the more time we have to make reasonable accommodations to improve a participants experience with us.

Special Medical Circumstances: (i.e. cancer, physical disabilities, blindness, deafness or diabetes.) The City of Raleigh recommends that parents or guardians consult the participant's pediatrician or health care professionals to assess the participant's fitness to take part in our program. It is required that parents or guardians provide in writing additional instructions to the participant. The written instruction should be developed with the assistance of the participant's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the camper.

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports events. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

Photography Waiver: Pictures may be taken of my child while participating in City activities and may be used for program publicity. If you do not concur please contact the Parks and Recreation Department.

Non-Discrimination Policy: The City of Raleigh Parks and Recreation Department does not discriminate on the basis of race, color, natural origin, sex, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the afore-mentioned areas may file a complaint with either the Director of the Raleigh parks and recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

Release and Indemnity Agreement: I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs desire the risks. By signing the basketball registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the City, its employees or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

PARENT/GUARDIAN SIGNATURE

DATE _____

VOLUNTEER COACHES - Volunteer coaches work with teams under the direction of the Raleigh Parks and Recreation Department. Coaches are certified through the American Sports Education Program.

Would you or your spouse be interested in coaching?

YES____ NO____ MAYBE____

For Office Use Only:

League Age _____

Verified By: _____

Team: _____

League: _____

Receipt #: _____

Fee Paid: _____

Registered @ _____